



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled OSTEOINDUCTIVE BONE MATERIAL, the specification of which was filed on April 12, 2004 as Application Serial No. 10/822,540.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with 37 C.F.R. § 1.56.

**FOREIGN PRIORITY RIGHTS:** I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Country	Serial Number	Filing Date	Priority Claimed?
			Yes/No

**PROVISIONAL PRIORITY RIGHTS:** I hereby claim priority benefits under 35 U.S.C. § 119(e) of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status
60/462,416	April 11, 2003	Pending

**NON-PROVISIONAL PRIORITY RIGHTS:** I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:


Serial Number	Filing Date	Status

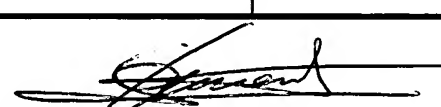
I hereby appoint the attorneys and/or agents associated with customer number **21559** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

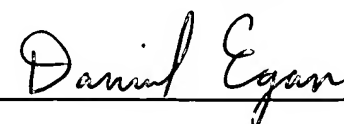
Address all correspondence relating to this application to the address associated with customer number **21559**, which is Clark & Elbing LLP, 101 Federal Street, Boston, MA 02110.

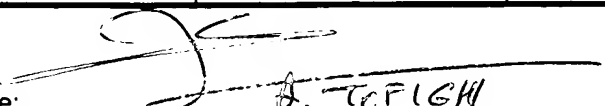
Address all telephone calls to: Paul T. Clark at 617-428-0200.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Aron D. Rosenberg	Brookline, MA USA	1894 Beacon Street Brookline, MA 02445 USA	U.S.
Signature: 			Date: 10-28-09

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Laurent D. Gilles de Pelichy	Allston, MA USA	10 Radcliffe Road Unit #4 Allston, MA 02134	French
Signature: 			Date: 10-11-09

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Daniel Egan	Ayer, MA USA	54 Jackson Street Ayer, MA 01432 USA	U.S.
Signature: 			Date: 9-24-2009

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Aliassghar N. Tofighi	Waltham, MA USA	25 Wilson Road Waltham, MA 02452	French
Signature: 			10.28.2004 Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Dosuk D. Lee	Brookline, MA USA	75 Lee Street Brookline, MA 02445	U.S.
Signature:			Date:

## VITAL RECORDS CERTIFICATE

V407530

CHANGES APPROVED BY COMM. OF HEALTH SEP 16 2004

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
7/21/2004 4:01:47 PM

## CERTIFICATE OF DEATH

Certificate No. 156-04-031588

## 1. DECEDENT'S

## LEGAL NAME

DUKE

LEE

(First Name)

(Middle Name)

(Last Name)

Place or Death	2a. New York City	2c. Type of Place	4. <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Name of hospital or other facility (if not facility, street address)	
	2b. Borough MANHATTAN	1. <input checked="" type="checkbox"/> Hospital Inpatient 2. <input type="checkbox"/> Emergency Dept./Outpatient 3. <input type="checkbox"/> Dead on Arrival	5. <input type="checkbox"/> Hospice Facility 6. <input type="checkbox"/> Decedent's Residence 7. <input type="checkbox"/> Other Specify	New York Presbyterian Hospital	
Date and Time of Death	3a. (Month) (Day) (Year-yyyy)	3b. Time	4. Sex	5. Date last attended by a Physician	
	JULY 19 2004	7:25 PM	MALE	mm dd yyyy 07 19 2004	
8. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge, traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Physician		Signature		D.O. M.D.	
Rachel Kuperman		R. Kuperman			
Address		License No.		Date	
622 WEST 168 STREET New York		230 533		07/19/2004	
7a. Usual Residence State	7b. County	7c. City or Town	7d. Street and Number	7e. Apt. No.	7f. ZIP Code
MA		Cambridge	130 Mt. Auburn St.		02138
8. Date of Birth (Month) (Day) (Year-yyyy)	9. Age at last birthday (years)	10. Social Security No.			
August 8, 1957	46	072-48-6258			
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")		11b. Kind of business or profession		12. Aliases or AKAs	
Employee		President		Doshuk Duke Lee	
13. Birthplace (City & State or Foreign Country)		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)			
Missouri, U.S.A.		<input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate's degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
15. Ever in U.S. Armed Forces?		16. Marital Status at Time of Death		17. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last)	
1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		1. <input checked="" type="checkbox"/> Married 2. <input type="checkbox"/> Married, but separated 3. <input type="checkbox"/> Widowed 4. <input type="checkbox"/> Divorced 5. <input type="checkbox"/> Never married 6. <input type="checkbox"/> Unknown		Youngmi M. Lee SUN	
18. Father's Name (First, Middle, Last)		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)			
Jean Myung Lee		Sun Won Lee			
20a. Informant's Name		20b. Relationship to Decedent		20c. Address (Street and Number) Apt. No. City & State ZIP Code	
Youngmi M. Lee		Wife		49 Palmer Ave. Scarsdale, NY	
21a. Method of Disposition		21b. Place of Disposition (Name of cemetery, crematory, other place)			
1. <input type="checkbox"/> Burial 2. <input checked="" type="checkbox"/> Cremation 3. <input type="checkbox"/> Entombment 4. <input type="checkbox"/> Other Specify		Forest Hills Crematory			
21c. Location of Disposition (City & State or Foreign Country)		21d. Date of Disposition			
Boston, Massachusetts		07-22-2004			
22a. Funeral Establishment		22b. Address (Street and Number) City & State ZIP Code			
Central Funeral Home		136-25 41 Ave. Flushing, NY			

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

BEST AVAILABLE COPY

Steven P. Schwartz

Steven P. Schwartz, Ph.D., City Registrar

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.21 of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

DATE ISSUED

SEPTEMBER 28, 2004

DOCUMENT No.

P335855